

STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee ROBERT CROWE 1310 Lowe Rd Bogalusa, LA 70427 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">1/18/2010</div>	Report Number: 17877 Date Filed: 1/18/2010									
	3. Estimated Membership <div style="text-align: center;">10</div>										
	4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>										
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Position</u></th> <th style="text-align: left; width: 34%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>ROBERT J CROWE</td> <td>Chairperson</td> <td>1310 Lowe Rd Bogalusa, LA 70427</td> </tr> <tr> <td>KIM CROWE</td> <td>Treasurer</td> <td>1310 Lowe Rd Bogalusa, LA 70427</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	ROBERT J CROWE	Chairperson	1310 Lowe Rd Bogalusa, LA 70427	KIM CROWE	Treasurer	1310 Lowe Rd Bogalusa, LA 70427
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ROBERT J CROWE	Chairperson	1310 Lowe Rd Bogalusa, LA 70427									
KIM CROWE	Treasurer	1310 Lowe Rd Bogalusa, LA 70427									
6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> <th style="text-align: left; width: 34%;"><u>c. Relationship to Committee</u></th> </tr> </thead> <tbody> <tr> <td colspan="3" style="height: 40px;"> </td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>						
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7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> </tr> </thead> <tbody> <tr> <td colspan="2" style="height: 40px;">On attached sheet</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Address</u>	On attached sheet						
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8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input checked="" type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee											
b. Name of Candidate ROBERT J CROWE	c. Office Sought by the Candidate Sheriff Washington Parish Washington Parish										
9. a. Name of Person Preparing Report THERESA BREELAND b. Daytime Telephone 985-732-1811											
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>18th</u> day of <u>January</u> , <u>2010</u> . <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: bottom; padding-top: 20px;"> <u>Robert J Crowe</u> Signature of Committee/Chairperson </td> <td style="width: 50%; vertical-align: bottom; padding-top: 20px;"> <u>985-735-0507</u> Daytime Telephone </td> </tr> <tr> <td style="vertical-align: bottom; padding-top: 20px;"> <u>Kim Crowe</u> Signature of Committee Treasurer, if any </td> <td style="vertical-align: bottom; padding-top: 20px;"> <u>985-735-0507</u> Daytime Telephone </td> </tr> </table>			<u>Robert J Crowe</u> Signature of Committee/Chairperson	<u>985-735-0507</u> Daytime Telephone	<u>Kim Crowe</u> Signature of Committee Treasurer, if any	<u>985-735-0507</u> Daytime Telephone					
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7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

WHITNEY NATIONAL BANK

b. Address

600 Columbia Street
Bogalusa, LA 70427

COMMITTEES WITH OVER 250 MEMBERS

The following certification is OPTIONAL and should be completed ONLY if it is applicable to your committee . Completion of this certification doubles the normal limitations on the amounts of contributions to candidates that are otherwise applicable to political committees.

11. WE HEREBY CERTIFY that the membership of this political committee exceeded two hundred fifty (250) members **as of December 31 of the calendar year immediately preceding the date of this STATEMENT OF ORGANIZATION.** We further certify that at least two hundred fifty (250) of the members of this political committee contributed at least fifty dollars (\$50.00) to this committee **during the calendar year immediately preceding the date of this STATEMENT OF ORGANIZATION.**

This 18th day of January, 2010.

Robert J Crowe

Signature of Committee/Chairperson

985-735-0507

Daytime Telephone

Kim Crowe

Signature of Committee Treasurer, if any

985-735-0507

Daytime Telephone